

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003887

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

**Current Principal Place of Business:**

3876 W COUNTRY HILL DR  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

3876 W COUNTRY HILL DR  
LECANTO, FL 34461

**New Mailing Address:**

FEI Number: 65-1021027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARIE T. BLUME, P.A.  
111 W. MAIN STREET  
SUITE 204  
INVERNESS, FL 34450 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CH  
Name: HENSLEY, EMERY  
Address: 502 W HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

Title: VC  
Name: BRANCATO, JOYCE  
Address: 6201 N SUNCOAST BLVD  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T  
Name: RUBEN, BRADLEY  
Address: 2484 N ESSEX AVE  
City-St-Zip: HERNANDO, FL 34442

Title: S  
Name: ECKSTEIN, JOSEPH  
Address: 3549 SAUNDERS WAY  
City-St-Zip: LECANTO, FL 34461

Title: D  
Name: BENNETT, C. JOSEPH JR  
Address: 605 W. HIGHLAND AVENUE  
City-St-Zip: INVERNESS, FL 34450

Title: D  
Name: DAVIS, GENE  
Address: 110 HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 34452

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EMERY HENSLEY

CH

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date